

2014-08-25 16:06 Dept of Health-HCF

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DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICESPRINTED: 08/14/2014  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  445108	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01  B. WING		(X3) DATE SURVEY COMPLETED  08/10/2014
NAME OF PROVIDER OR SUPPLIER  NHC HEALTHCARE, MURFREESBORO			STREET ADDRESS, CITY, STATE, ZIP CODE 420 N UNIVERSITY ST MURFREESBORO, TN 37130		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
K 018 SS=0	<p>Doors protecting corridor openings in other than required enclosures of vertical openings, exits, or hazardous areas are substantial doors, such as those constructed of 1 1/4 inch solid-bonded core wood, or capable of resisting fire for at least 20 minutes. Doors in sprinklered buildings are only required to resist the passage of smoke. There is no impediment to the closing of the doors. Doors are provided with a means suitable for keeping the door closed. Dutch doors meeting 19.3.6.3.6 are permitted. 19.3.6.3</p> <p>Roller latches are prohibited by CMS regulations in all health care facilities.</p> <p>This STANDARD is not met as evidenced by: Based on observation and testing, it was determined the facility failed to maintain the corridor doors.</p> <p>The finding included:</p> <p>Observation and testing on 8/10/14 at 10:52 AM, revealed the following fire doors did not latch when closed:</p> <p>a) 2nd floor East Corridor fire door next to the nurses station.</p> <p>b) 2nd floor West Corridor fire door next to the dining room.</p>	K 018	<p>K018</p> <p>The fire doors on 2east next to the nurse's station and the 2west corridor next to the dining room have been adjusted so that there is no impairment to the closing of the door.</p>	8/25/14	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

A deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that the deficiency does not pose a risk to the patient. (See Instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is required to continued.

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K 018	Continued From page 1 This findings was verified by the maintenance director during the survey and acknowledged by the administrator during the exit conference on 8/10/14.	K 018			
K 062 SS=D	<b>NFPA 101 LIFE SAFETY CODE STANDARD</b>  Required automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested periodically. 19.7.6, 4.6.12, NFPA 13, NFPA 25, 9.7.5  This STANDARD is not met as evidenced by: Based on observations, it was determined the facility failed to maintain the sprinkler system.  The findings included: 1. Observation of the kitchen's freezer on 8/10/14 at 10: AM, revealed storage within 18 inches of the sprinkle. National Fire Protection Association (NFPA) 13, 5-5.5.3 (1999 Edition) 2. Observation of the 1st floor West Shower room on 8/10/14 at 12:08 PM, revealed a corroded sprinkler head (1 of 2). NFPA 26, 2-2.1.1 (1999 Edition) 3. Observation of the sprinkler riser rooms located in the kitchen and central supply room on 8/10/14 at 1:10 PM, revealed the hydraulic name plate was missing. NFPA 13, 10-5 (1999 Edition) 4. Observation of the sprinkler riser room (kitchen) on 8/10/14 at 1:10 PM, revealed there was no special wrench's provided for each type of:	K 062	K062 The sprinkler systems are maintained in reliable operating condition. In the kitchen freezer the products were removed to be in compliance on 8/10/14.  The 1 west sprinkler shower room sprinkler head was cleaned from corrosion on 8/13/14.  The kitchen and central supply riser rooms hydraulic name plates were ordered and placed on the riser on 8/21/14.  The wrench and spare sprinkler box was ordered 8/18/14 and will be installed on 8/29/14.	8/10/14  8/13/14  8/21/14  8/29/14	

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K 062	Continued From page 2 sprinklers. NFPA 13, 3-2.9.2 (1999 Edition)  5. Observation of the sprinkler riser room (kitchen) on 8/10/14 at 1:10 PM, revealed the spare sprinkler box didn't have the different types of spare sprinklers installed throughout the facility in stock. NFPA 13, 3-2.9.1 (1999 Edition)  These findings were verified by the maintenance director during the survey and acknowledged by the administrator during the exit conference on 8/10/14.	K 062			
K 067 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Heating, ventilating, and air conditioning comply with the provisions of section 9.2 and are installed in accordance with the manufacturer's specifications. 19.5.2.1, 9.2, NFPA 90A, 19.5.2.2  This STANDARD is not met as evidenced by: Based on observations and testing, it was determined the facility failed to maintain the ventilating system  The findings included: 1. Observation and testing on 8/10/14 at 11:30 AM, revealed the housing keeping closet ventilating system located across room 239 was not working. National Fire Protection Association (NFPA) 90 A, (1999 Edition) 2. Observation and testing on 8/10/14 at 10:40 AM, revealed the 2nd floor soiled utility room had	K 067	K067 The housekeeping closet ventilating system located across from room 239 and the second floor soiled utility rooms were repaired on 8/29/14.	8/29/14	

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K 067	Continued From page 3 positive pressure. NFPA 101, 19.5.2.1 (2000 Edition)  These findings were verified by the maintenance director during the survey and acknowledged by the administrator during the exit conference on 8/10/14.	K 067			
K 069 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD Cooking facilities are protected in accordance with 9.2.3, 19.3.2.6, NFPA 96  This STANDARD is not met as evidenced by: Based on observations and an interview, it was determined the facility failed to protect the cooking facilities.  The findings included:  1. Observation of the kitchen on 8/10/14 at 10:26 AM, revealed the deep fryer and stove were not center under the hood's fire extinguishing nozzles. National Fire Protection Association (NFPA) 96, 7.2.2 (1998 Edition)  2. Observation of the kitchen's hood system on 8/10/14 at 10:28 AM, revealed grease dripping from the filters and the sides of the hood system. At 10:29 AM, interview with kitchen staff member #1 revealed that the filters and hood system were only cleaned monthly. NFPA 96, 8-3 (1998 Edition)  3. Observation of the kitchen on 8/10/14 at 10:33 AM, revealed the hood system's manual pull station had a non compliance red tag installed on the system for appliance location and protection.	K 069	K069 Electrical boxes have been moved and the new stove and fryer have been placed and fit correctly under hood's fire extinguishing nozzles.  The kitchen hood has been cleaned on 8/11/14 and new grease filters have been ordered to prevent excess grease drippings. A new cleaning schedule has been put into place to clean on a weekly basis. Simplex installed new 300 Ansul system upgrade in accordance with NFPA 17A on 8/27/14.  Dietary staff was in-serviced on types of fire extinguisher to be used on a grease fire on 8/15/14.  The kitchen exhaust fan on roof was repaired on 8/10/14.	8/15/14	8/27/14  8/15/14  8/10/14

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K 069	Continued From page 4 The tag was installed on the system on February 2014. NFPA 96, 7.2.2 (1998 Edition)  4. Interview with kitchen staff member #1 on 8/10/14 at 10:36 AM, revealed staff member #1 did not know which type of fire extinguisher to use on a grease fire. NFPA 96, 7.10.1 (1998 Edition)  5. Observation on 8/10/14 at 12:30 PM, revealed the kitchen hood exhaust fan located on the roof was not working. NFPA 96, 8.1.6 (1998 Edition)  These findings were verified by the maintenance director during the survey and acknowledged by the administrator during the exit conference on 8/10/14.	K 069			
K 130 SS=D	NFPA 101 MISCELLANEOUS  OTHER LSC DEFICIENCY NOT ON 2786  This STANDARD is not met as evidenced by: Health Care Emergency Preparedness Drills: Each organizational entity shall implement one or more specific responses of the emergency preparedness plan at least semi-annually. At least one semi-annual drill shall rehearse mass casualty response for health care facilities with emergency services, disaster receiving stations, or both. National Fire Protection Association (NFPA) 99, 11-3.3.9 (1999 Edition)  Based on records review it was determined the facility failed conduct the required Health Care Emergency Preparedness Drills.	K 130	K130 The facility contacted emergency management director on 8/27/14. The local Office of Emergency Management has been invited to participate in the drill. The object is to enhance the relationship, better understand roles and resources, and increase coordination.	8/27/14	

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K 130	Continued From page 5 The finding included:  Records review on 8/10/14 at 12:50 PM, revealed the facility failed to conduct the required Health Care Emergency Preparedness Drills per NFPA 99, NFPA 99, 11-5.3.9 (1999 Edition)  This finding was verified by the maintenance supervisor and acknowledged by the administrator during the exit conference on 8/10/14.	K 130			
K 147 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD  Electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code, 9.1.2  This STANDARD is not met as evidenced by: Based on observation, it was determined the facility failed to maintain the electrical system.  The findings included:  1. Observations on 8/10/14 at 10:15 AM, revealed the following locations had power strip(s) in use: Room 251 had 2 power strips. Room 229 had 1 power strip. Room 115 and 108 (tucked behind the television) Room 117 had 1 power strip. Room 139 had 3 power strips (2 of the 3 power strips was under plastic bags and other personal items and an oxygen concentrator was plugged into the power strip) National Fire Protection Association (NFPA) 99, 8.4.12.5 (1999 Edition)	K 147	K147 The power strips in rooms 251, 229, 115, 108, 177, 139, 223 have been removed and a quad outlet has been installed where needed.	8/13/14	

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K 147	Continued From page 6 2. Observation on 8/10/14 at 10:58 AM, revealed a multi-plug adapter was in use in room 223. NFPA 99, 8.4.12.5 (1999 Edition)  These findings were verified by the maintenance director during the survey and acknowledged by the administrator during the exit conference on 8/10/14.	K 147			